

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

SHIELD OF FAITH EMBASSY
EMBASSY INTERNATIONAL MISSIONS
ON BEHALF OF STEFAN T. NOBLE
Noble Judah Ali Bey Isra'el
Authorized Representative
(In the space above enter the full name(s) of the plaintiff(s).)

10 297

- against -

OFFICE OF THE DISTRICT
ATTORNEY

COMPLAINT

Jury Trial: ☒ Yes ☐ No

(check one)

CITY OF PHILADELPHIA INC

PHILADELPHIA POLICE DEPT.
(35TH DISTRICT)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

I. Parties in this complaint:

- A. List your name, address and telephone number. If you are presently in custody, include your identification number and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name
Street Address
County, City
State & Zip Code
Telephone Number

Noble Judah Ali Bey Isra'el AUTHORIZED
Shield of Faith Embassy International REPRESENTATIVE
P.O. Box 48324 MISSIONS
Philadelphia
Pennsylvania 19144
202 610-818-9617

- B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name SETH WILLIAMS (OFFICE OF THE DISTRICT ATTORNEY)
 Street Address JUNIPTER STREET & SOUTH PENN SQUARE
 County, City PHILADELPHIA, PENNSYLVANIA
 State & Zip Code 19107

Defendant No. 2

Name CHARLES H. RAMSEY (POLICE COMMISSIONER)
 Street Address ONE FRANKLIN SQUARE
 County, City PHILADELPHIA
 State & Zip Code PENNSYLVANIA 19106

Defendant No. 3

Name MS. SHELLEY R. SMITH (CITY SOLICITOR)
 Street Address 1515 ARCH STREET
 County, City PHILADELPHIA
 State & Zip Code PENNSYLVANIA 19107

Defendant No. 4

Name _____
 Street Address _____
 County, City _____
 State & Zip Code _____

II. Basis for Jurisdiction:

Federal courts are courts of limited jurisdiction. Only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount in damages is more than \$75,000 is a diversity of citizenship case.

- A. What is the basis for federal court jurisdiction? (check all that apply)

☒ Federal Questions ☐ Diversity of Citizenship

- B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at issue? TREATY & CONSTITUTIONAL LAW

C. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party?

Plaintiff(s) state(s) of citizenship _____

Defendant(s) state(s) of citizenship _____

III. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. Where did the events giving rise to your claim(s) occur? 35TH DISTRICT

B. What date and approximate time did the events giving rise to your claim(s) occur? JULY 23
2008

C. Facts: SEE ATTACHED COMPLAINT

What
happened
to you?

Who did
what?

Was
anyone
else
involved?

Who else
saw what
happened?

IV. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received. MENTAL

V. Relief:

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation.

TO ~~RENO~~ GRANT FINAL DEFAULT JUDGMENT
~~IF THE OR JURY TRIAL~~

THE BASIS FOR COMPENSATION IS A SELF EXECUTING
CONTRACT WHICH WAS GIVEN TO DEFENDANT(S) IN
WHICH THEY DEFAULTED ON. THERE IS A
FORMULA IN WHICH AN AMOUNT CAN OF MONETARY
COMPENSATION CAN BE OBTAIN THAT AMOUNT
IS ONE BILLION DOLLARS \$1,000,000,000.00

I declare under penalty of perjury that the foregoing is true and correct.

Signed this _____ day of JANUARY, 20 10.

Signature of Plaintiff Noble Judah Ali Bey Israel
Mailing Address 256 Belmont Road
Greenville
Pennsylvania 19026
Telephone Number 610-818-9617
Fax Number (if you have one) NONE
E-mail Address ShieldofFaithEmbassy@diplomats.com

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint. Prisoners must also provide their inmate numbers, present place of confinement, and address.

For Prisoners:

I declare under penalty of perjury that on this _____ day of _____, 20____, I am delivering this complaint to prison authorities to be mailed to the Clerk's Office of the United States District Court for the Eastern District of Pennsylvania.

Signature of Plaintiff: _____
Inmate Number _____